



Cone Biopsy

A cone biopsy is a treatment for pre-cancerous cervical disease. It refers to a surgical procedure in which a cone-shaped or cylinder-shaped piece of the cervix is removed. Currently this procedure is infrequently used since cryotherapy or loop electrosurgical excision (LEEP) are usually sufficient to treat most common cervical problems. This method of treatment will provide a specimen so that a definitive diagnosis of the changes seen on the abnormal Pap test can be made. It will often be a cure for the problem at the same time as long as there is proper follow-up.

There are various reasons for having to undergo a cone biopsy. These include:

1. A high grade abnormal Pap test when no abnormal area can be seen on colposcopy.
2. Lesions seen at colposcopy that extend deep inside the cervical canal so that they cannot be treated by a LEEP or laser procedure.
3. When an endocervical curettage specimen is significantly abnormal.
4. For some Pap tests that show atypical glandular cells.
5. When there is suspicion of microinvasive cancer on colposcopy or in the biopsy.

The cold knife diagnostic procedure is generally considered a minor outpatient surgical operation. As with any procedure performed under anesthesia, fasting for 6 to 8 hours is recommended. You will be asked to sign an informed consent form. The procedure is generally a same day procedure in which overnight hospitalization is not necessary. The tissue that was removed will be sent to the pathologist to assess the extent and severity of the abnormality.

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What are the risks of the procedure?

The risks of this procedure, which rarely occur, include bleeding, infection, injury to tissue, vaginal tear, or recurrence of the abnormal condition. At times a subsequent similar surgical procedure may be necessary to remove additional abnormal tissue. In a small number of cases, a cone biopsy may increase the risk of preterm birth in subsequent pregnancies. Because the impact on future childbearing for you may be unclear, you should discuss your plans and concerns with your health care provider.

What should be expected after the procedure?

After the procedure, there may be some cramping or discomfort for a week or so, but often there is only minimal pain. Strenuous exercise should be avoided for 10-14 days to after the procedure to reduce the risk of post-operative bleeding. Avoid sexual intercourse, douching, insertions of vibrators and/or use of tampons, for 4 to 6 weeks. You may have heavy, bloody or a yellow-colored discharge for 2 to 3 weeks after the procedure. If you experience heavy bleeding (soaking a pad in 1 to 2 hours), fever or worsening pain, you should contact your health care provider.

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